

State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 04/01/2014

Business ID: 211336

William M. Gardner

Secretary of State

S D CUMMINGS & COMPANY, PC

163 HIGH STREET

EXETER, NH 03833-3126

ADDRESS OF PRINCIPAL OFFICE:

163 HIGH ST

EXETER, NH 03833

REGISTERED AGENT AND OFFICE:

CUMMINGS, SUZYNNE D

163 HIGH ST

EXETER, NH 03833

ENTITY TYPE: PROFESSIONAL CORPORATION

BUSINESS ID: 211336

STATE OF DOMICILE: NEW HAMPSHIRE

ACCOUNTING, TAXATION, BOOKKEEPING & ANALYTICAL
ANALYSIS TO INDIV. & BUS.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Suzynne D Cummings

STREET 163 High Street

CITY/STATE/ZIP Exeter Nh 03833-3126

V-PRES. Suzynne D Cummings

STREET 163 High Street

CITY/STATE/ZIP Exeter Nh 03833-3126

TREAS. Suzynne D Cummings

STREET 163 High Street

CITY/STATE/ZIP Exeter Nh 03833-3126

SEC'Y. Suzynne D Cummings

STREET 163 High Street

CITY/STATE/ZIP Exeter Nh 03833-3126

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Suzynne D Cummings

STREET 163 High Street

CITY/STATE/ZIP Exeter Nh 03833-3126

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

All the shareholders, and as many of the directors and officers as may be required under RSA 294-A:20, are qualified persons with respect to the corporation.

Sign here:

SUZYNNE D CUMMINGS

Please print name and title of signer:

SUZYNNE D CUMMINGS

/

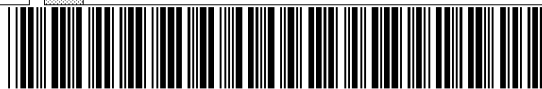
PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



021133620141004

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301